

Receipt # _____

SESSION II
TROY RECREATION DEPARTMENT'S
2005 GYMNASTICS PROGRAM
JULY 5 - AUGUST 1
held at Van Cleve School

Name _____ Male/Female
Address _____ Phone _____
(street)
_____ Zip _____
(city)
E-Mail Address _____
Name of School _____ Grade _____
Birthdate _____ Age _____
Allergic to any medication? _____
Doctor's Name _____ Phone _____
Emergency call _____ Phone _____
(neighbor or relative)

GYMNASTICS CLASSES

AGES 3-9

Monday and Wednesday
_____ 10:00 - 11:00 A.M. (Ages 3-5)
_____ 11:00 - 12:00 Noon (Ages 6-9)

Tuesday and Thursday
_____ 10:00 - 11:00 A.M. (Ages 3-5)
_____ 11:00 - 12:00 Noon (Ages 6-9)

AGES 10-12

Monday and Wednesday
_____ 12:00 - 1:00 P.M.

Tuesday and Thursday
_____ 12:00 - 1:00 P.M.

AGES 13-18

Monday and Wednesday
_____ 12:00 - 1:30 P.M.

TUMBLING

Monday and Wednesday
_____ 12:30 - 1:30 P.M.

WAIVER AND RELEASE

We, the undersigned being fully aware of the dangers inherent to the sport of gymnastics, do give permission for our son/daughter to participate in the Gymnastics program. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy City School System, Troy Recreation Director, instructors, the supervisory staff, or their agents or servants, as a result of injuries incurred by our child while participating in this program.

Date _____ Signature _____
(parent or legal guardian)

REGISTRATION FEE: \$22.00 _____ **PAID**

REFUND POLICY: Department will make program refunds only for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the program starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement.